

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X6000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm 7:22 a Establishm 3825 C Owner Pizza Owner's Ac	King ent Addre holub King, I ddress	n Ri Hc tz	mber and street, city, state, zip code) L. New Albay, IN 47150	Telephone Number (\$12) \$15 \text{Telephone} (\$2) \$3 \text{Telephone} Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr) 1/3/20/9 Follow-up Release Date /o days Summary of Violations: C		
Certified Fo	Schutz	1/10	0 / 23) NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MA		12345		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	on# C/NC R Narrative					To Be Co	rrected By
Received by	(name and	title pr	No violations. All correction	nspected by (name and title pr	inted):		
Received by (name and title printed): Received by (signature):				Inspected by (name and title printed): A.). Inspected by (signature): A.). A. Inspected by (signature):			
cc;	0	<u>.</u>	cc:		cc:		